

FAYETTEVILLE MUNICIPAL COURT

**OPEN RECORDS REQUEST**

**Certified copy (\$5.00 per case)**

(Complete all parts of this form as specific as possible regarding the records you desire)

DATE: \_\_\_\_\_

Case Number \_\_\_\_\_

Citation(s) Number \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

State the records requested

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the reason requesting the records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of copies \_\_\_\_\_

The undersigned is hereby responsible for the cost of the number of copies and/or tapes used in the reproduction of the requested records in addition to the charge commensurate with the hourly wage of the employee who is conducting the search if the time to research and duplicate the records exceeds fifteen (15) minutes. Please contact me at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ if the charge is to exceed.

\_\_\_\_\_  
Requestor's Signature